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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/601,513	<b>FILING DATE</b> 09/25/2000 <b>RULE</b> -	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 1303-102
<b>APPLICANTS</b> Maria Cristina Thaller, Milano, ITALY; Gianmaria Rossolini, Milano, ITALY; Laura Selan, Milano, ITALY; Claudio Passariello, Milano, ITALY;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP99/00618 01/01/1999				
<b>** FOREIGN APPLICATIONS *****</b> ITALY MI98A000197 02/03/1998				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 10/04/2000</b> -				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> -	<b>TOTAL CLAIMS</b> 14
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> Nixon & Vanderhye 1100 North Glebe Road 8th Floor Arlington ,VA 22201-4714				
<b>TITLE</b> Method for the determination of prosthetic infections				
<b>FILING FEE RECEIVED</b> 1048	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	